

## **TOWN OF KITTERY**

## OFFICE OF THE TOWN CLERK

200 ROGERS ROAD, KITTERY, MAINE 03904 PHONE: (207) 475-1328 FAX: (207) 439-6806

## Appeal Application to the ARBITRATOR PANEL (§13.1.4.5)

DATE SUBMITTED	
MAP & LOT	
FILING FEE	
DATE PAID	
DATE COMPLETE	
HEARING DATE	

					(8 - 1	,					
		Sewer Main Extension Assessment Appeal									
I hereby request an Appeal on the Sewer Maine Extension Assessment for my property as I contest: (Check all that apply)									oly)		
	UNIT CA	TEGORY		FRONTA	GE DIMEN	SION		TOTAL AS	SSESSMEN'	Γ AMOUN	ЛТ
	UNIT CH	ARGE		AREA DI	MENSION			OTHER (I	Explain below)		
											•
_		have review at Plan. My				e statutes pe	ertinent to	this Appeal	application;	and, the 20	016 Town-
TITLE		CHAPTER		SECTION						PAGE	
TITLE		CHAPTER		SECTION						PAGE	
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TITLE		CHAPTER		SECTION						PAGE	
		R FOR AN A							A HEARING DED	:	
PROPERTY INFORMATION											
ADDRESS											
MAP			LOT#				LOT SIZE (sq. ft.)				
STREET FRONTAGE TOWN TAX RECORD ACCOUNT #:						(ATTAC	H COPY)				
PROPEI	RTY OWN	ER: I have r	ight, title or	interest in	the affected	property, or	r issue, as s	shown by:			
NAME(S)											
MAILING	ADDRESS										
CITY			STATE			ZIP CODE					
PHONE No	).				e-MAIL:						
NOTE: You	may have an	attorney repre.	sent you, but .					represented by	a designated a	gent (e.g. far	nily member,
APPLICA	NT (if differ	rent) I am a	n agent of t			ractor) as you ng, OR, I an		eved party in	the subject p	property, o	r issue,
as shown b		,		•		<u> </u>		•	· ·	•	Í
NAME(S)											
MAILING .	ADDRESS										
CITY			STATE				ZIP CC	DDE			
PHONE No	).				e-MAIL:						
To the b	est of my k	nowledge, a	ll informati	on submitte	ed on and w	ith this appl	ication is	true and cor	rect.		
Date:	-	-				By:					
				-		•		(Signature)			
						-		(Print Name	•)		

Appeal - Appellant Form.xlsx Page 1 of 2

STATEMENTS:
I wish to appeal to the Arbitrator Panel because I have a problem in regard to a matter of Town Code Title 13, Public Services and/or the 2016 adopted Assessment Plan: (Section, Title, Page No.)
The Assessment Plan data/decision I object to is [Include formal documents related to the matter]:
I object to the decision for the following reason(s):
Unlike other affected property owners, I will suffer a particularized injury in this matter if not resolved in my favor. I am adversely and directly affected by:
What relief is requested and why should the appeal be granted?

## Additional Information

1. Please complete this application in its entirety. You may add other information as may be needed to adequately describe the purpose of seeking relief from the Arbitrator Panel / Board of Appeals.

[Support with citations(s), of pertinent ordinance(s), deeds, maps, documents, etc. Describe in detail what decision you are appealing; the date on which the decision was made; and, by whom, the facts surrounding this appeal, what you think is wrong about the decision which you are appealing, and what action you want the Panel Board to take in this matter. Also, please indicate how that Panel/Board's decision will affect you and/or your property. Use extra sheets if necessary and attach them to this application.]

- 2. A detailed plot plan or diagram must be provided showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographic features (wetlands, streams, etc.) of the lot in question. This plot plan should show the detail of any rights-of-way, easements, or other encumbrances. A copy of the Town Property Tax Record must be provided.
- 3. Blueprints, surveys, photos and other documents may be helpful in explaining your request and should be included.

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